COUNTY OF FRESNO REQUEST FOR ADJUSTMENT OR ADDITIONAL APPROPRIATION

Department		Public Health		Date_	3/1/2016	_	
VICKI CROW, COUNTY AUDITOR-CON Please report as to proper accounting	NTROLLER/TREAS g form and availal	URER-TAX COLL ble balances and	ECTOR: I forward to County Adm	ninistrative Office	er for recomm	endation.	
	Budg	et Transfer Num	nber		Total		
		26			110,000.00		
	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED	REQUIRED
Transfer FROM	ACCOUNT	FUND	ORG	PROGRAM	SUBCLASS	SUDGET	AMOUNT
Account Title	(4 CHAR.)	(4 CHAR.)	(4 or 8 CHAR.)	(5 CHAR.)	(5 CHAR.)	YEAR	Debit or (Credit)
Professional & Specialized Ser	7295	0001	56204607	0	10000	2016	\$55,000.00
Transfer <u>TO</u> Account Title							
Operating Transfers Out	7910	0001	56204607	0	10000	2016	\$55,000.00
						<u> </u>	
Reason For Adjustment: This transfer reallocates allocation 100% grant funded. There is no					or Office of Er	mergency (Services and is
Departme	nt Head Signature	By Fiel	Reiner			Date	1/14/2016
Adequate Appropriations: Yes [X] No [] By							
Approved [] Comments County Administrative Officer By Date							2/8/16
Board of Supervisors: Approved Referred to:	W	Disapproved [
	Clerk to the Board	By The	- Cupp, D	epuly		Date_	311/2016
FCAC 115 (01/03) WHITE -	Auditor-Controller/T	reasurer-Tax Colle	ctor * YELLOW - Adminis	strative Office * 1	PINK - Departm	ent Copy	